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PTO/SB/22 (10-07)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) 023189.0101PTUS	
Application Number 10/771,803-Conf. #3335		Filed February 4, 2004	
For TRACHEAL CATHETER AND PROSTHESES AND METHOD OF RESPIRATORY SUPPORT OF A PATIENT			
Art Unit 3771		Examiner T. K. Mitchell	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$ 230.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2228 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 37,028			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 Signature		November 14, 2007 Date	
Michele V. Frank Typed or printed name		(703) 744-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			

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